

## **SERVICE SPECIFICATION**

4/6/06 #V1 (2)

Page 1

### **TITLE III-E RESPITE CARE**

#### **I. SERVICE DEFINITION**

Title III-E Respite Care is a service which provides short-term relief to a ***principal caregiver*** providing care to a ***frail*** individual 60 years of age or older who cannot care for him or herself. This service offers the principal caregiver a break from the demands of ongoing care and can be provided in the absence of caregiver or while the caregiver remains in the home. Respite care service can be provided in a number of ways, and the type and extent of care may vary dependent upon circumstances. Respite care can be provided in the home by a licensed professional or trained companion; in a long-term care facility (such as a nursing home or assisted living facility), or in an adult day services program. Respite care may be provided for caregivers who reside outside of Delaware, if they are the principal caregiver of a frail, older Delawarean.

A ***principal caregiver*** is an adult who is a family member or other individual providing ongoing care to an older person. This includes providing or arranging for the provision of personal care and other activities and instrumental activities of daily living. The caregiver is not required to live with the frail older person. If the caregiver does not live with the frail older person, the care provided by the caregiver must be substantial, hands on care and provided on an almost daily basis. If the caregiver lives with the frail older person, the caregiver is not required to be in the home 24-hours a day but should be providing substantial care.

A ***frail, older person*** is a person 60 years of age or older who is determined to be functionally impaired because the individual (1) is unable to perform at least two *activities of daily living* without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (2) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual.

***Activities of daily living*** include basic activities such as eating, bathing, dressing, toileting, walking or moving about the house, or transferring into or out of a chair or bed.

#### **II. SERVICE GOAL**

The goal of Respite Care is to provide the caregiver with relief from the demands of caregiving. The intent is to maintain the health and well-being,

## **SERVICE SPECIFICATION**

4/6/06 #V1 (2)

Page 2

reduce stress levels and prevent exhaustion of the caregiver, while assuring continuous care for the care recipient.

### **III. LOCATION**

Respite Service may be provided in the home of the participant or in an outside setting such as a nursing home, assisted living facility, adult day services program or other approved setting. Regardless of setting, participant's right of privacy and confidentiality will be maintained to the fullest extent possible.

### **IV. SERVICE UNIT**

The unit of service for Respite Care may be either hourly or daily depending on the extent and type of service rendered. The provider shall develop rate schedules, as applicable:

- In-home Respite
  - An hourly rate for in-home respite care.
    - In home respite is defined as respite provided in the clients home by a licensed professional or trained companion. This service relieves the primary caregivers so that they may rest or leave the home for short periods of time.
  - A daily rate for in-home respite care given in excess of eight-hour segments to a maximum of seventy-two hours.
- Institutional Respite
  - A daily rate for institutional setting respite services.
    - Institutional respite is defined as respite provided in a licensed nursing home facility or a licensed assisted living facility. This service relieves the primary caregiver for a longer period of time.
- Adult Day Services
  - A daily rate for Adult Day Services.
    - Adult Day Services respite is defined as respite provided in a licensed Adult Day Services facility. This service not only relieves the primary caregiver but also provides a therapeutic environment for the care recipient.
    - Regular attendance should be scheduled for no less than 2 days per week.
    - This service may not exceed 2 days per week.

## **SERVICE SPECIFICATION**

4/6/06 #V1 (2)

Page 3

### **V. SERVICE DESCRIPTION**

The number of Respite hours will be determined by the provider agency during assessments and reassessments with the following stipulations:

- Services will not exceed 260 hours per client per contract year for in home or institutional respite.
- Each day of institutional respite counts as 24 hours of service toward the maximum limit of 260 hours per client per contract year.
- Services will not exceed 104 days per client per contract year for Adult Day Services Respite.
- Adult Day Services Respite cannot be used in conjunction with in-home or institutional respite.
  - A care recipient, who is no longer appropriate for Adult Day Services and has only partially used their days, may transfer to another type of respite service with approval by the Title III E Division Contract Manager.

### **VI. SERVICE AREA**

The Respite program is available to all eligible persons within Delaware subject to availability of the service. Providers may apply for sub-areas of the State.

### **VII. PROHIBITED SERVICE COMPONENTS**

For purposes of planning and reimbursement, respite service may not include any of the following components.

- Respite service provided to persons eligible under some other financing program unless on a temporary basis, until eligibility is confirmed. Exceptions must receive approval from the Division on a case-by-case basis.
- Nursing care, unless provided by a Registered Nurse or Licensed Practical Nurse
- Nail or foot care of diabetics
- Lawn care, garden care, raking or snow removal
- Heavy-duty cleaning, furniture moving, or other heavy work
- Financial or legal advice or services (except for referral to qualified agencies or programs)
- More than 260 hours of respite care per client per contract year for in-home or institutional respite.
- More than 104 days of respite care per client per contract year for Adult Day Services respite.
- Using respite hours to extend approved personal care (Exceptions must be approved, in writing, by the DSAAPD Contract Monitor.)

## **SERVICE SPECIFICATION**

**4/6/06 #V1 (2)**

**Page 4**

- Providing service to persons under sixty years of age. (Caregiver may be of any age.)

## **VIII. SERVICE STANDARDS**

Respite services must meet or exceed the following standards:

- Agency must comply with all applicable Federal, State, and local rules, regulations, and standards applying to the service being provided.
- Agency should be prepared to provide the following service components based on the client's individualized care plan:
  - Household duties: light cleaning, laundry and meal preparation
  - Personal care: bathing, shampooing, shaving, dressing, toileting
  - Companionship
- Client records must be kept in a secure location to protect confidentiality.
- Staff must be fully trained, qualified, and when applicable, licensed to provide service. Agency must maintain, follow, and continually update a training and supervision program to make sure respite staff are fully trained and familiar with agency procedures. Agency must assign staff with appropriate qualification levels to meet the needs of clients while providing the service in the most economical manner possible.
- Agency must maintain records, collect cost-share payments, prepare reports, and other administrative efforts necessary to provide Respite services.
- All requests for service must be processed within five (5) working days of receipt, including identification of possible eligibility for respite service funded from a source other than the Division of Services for Aging and Adults with Physical Disabilities.
- In-home case assessments must be done within five (5) working days of receipt of application, unless there is a prioritized waiting list. A plan of care must be developed for each new client within five (5) working days after enrollment. In developing the plan of care, the client must be 1) unable to perform two or more activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or frail 2) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual.
- Agency must prepare an Individualized Care Plan for the client. The plan must identify those services to be provided to the client while the caregiver is relieved. The caregiver must play an integral role in the development of the care plan to ensure that the hours and services provided meet their needs and the needs of the client.
- Assessments and re-assessments must be done by a Registered Nurse (RN); or, by a Licensed Practical Nurse (LPN), with the RN supervisor co-signing the assessments and reassessments.

## **SERVICE SPECIFICATION**

**4/6/06 #V1 (2)**

**Page 5**

- Service must be provided by a licensed agency or facility when applicable.
- Clients must be reassessed every six (6) months, with revisions made in the plan of care as necessary and to determine if services currently provided through the program continue to meet the needs of the client. Any observed changes must be immediately noted in the client plan of care.
- A caregiver assessment must be completed at the initial interview, and every six (6) months thereafter. These written assessments of the caregiver's needs should become part of the client's permanent case file, and be available for review during monitoring or other auditing sessions. Caregiver's assessments should be detailed and thorough, with adjustments in service hours where applicable, to ensure the caregiver's needs remain the primary focus and are being met to the best of the provider's ability.
- Caseload must be reviewed whenever a vacancy arises (or more frequently) to make sure priority clients are being served.
- Clients, family members, and/or caregivers must be informed of the cost of providing respite service and required to pay for a portion of the care based on a sliding fee scale, thereby making additional service available to others. Service can not be withdrawn or withheld, however, as a result of non-payment. With regard to cost sharing, providers must:
  - Inform applicants, family members and/or caregivers of the cost of providing services and explain the sliding fee scale
  - Collect cost sharing fees in accordance with established scale (provided by DSAAPD)
  - Protect their privacy and confidentiality with respect to client and caregiver declaration of income
  - Safeguard and account for cost-share payment
  - Use the cost-share payment to expand services

## **IX. SERVICE AND CLIENT PRIORITIES**

Respite Care funded by the Division is available only to Delaware residents 60 years of age or older who would not otherwise qualify for this service under any other program, except Title III B. Individuals may qualify for Title III B or Title III E, however the individual cannot be served by both programs at the same time. A request for Title III respite over 260 hours per client per contract year requires approval of the Division Contract Manager.

Priority for Respite Care shall be given to older individuals with greatest social and economic need (with particular attention to low-income individuals), caregivers who are providing care and support to older persons with mental retardation and related developmental disabilities, and persons residing in rural areas.

## **SERVICE SPECIFICATION**

**4/6/06 #V1 (2)**

**Page 6**

Priority for Respite Care should go to those individuals meeting the above conditions who are otherwise eligible for admission to a nursing care facility if they do not receive respite care.

Priority for respite care in adult day care settings will go to caregivers who reside with the frail older person and who otherwise would provide 24 hour a day care.

### **X. WAITING LISTS**

When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided, or until services are no longer desired by the applicant.

The service provider's guidelines for prioritizing clients on the waiting list must be in writing and available for review. In addition to the client priorities listed in the service specifications, these guidelines may include, as appropriate:

- Chronological order of request for service
- Danger or risk of losing support systems, especially living settings or supports necessary for self-maintenance
- Risk of institutionalization
- Significant risk of abuse or neglect
- Basic health, safety and welfare needs not being met through current supports
- Risk of functional loss without intervention or ongoing skill maintenance services
- Compatibility with available services.

In each case, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g. in writing and available for review).

### **XI. STAFF REQUIREMENTS**

Client and caregiver assessment and client care plans shall be formulated by a Registered Nurse (RN); or, by a Licensed Practical Nurse (LPN) with a co-signature by a RN supervisor.

### **XII. TYPE OF CONTRACT**

Unit Cost Reimbursement Rate

## **SERVICE SPECIFICATION**

4/6/06 #V1 (2)

Page 7

### **XIII. METHOD OF PAYMENT**

Hourly or Daily rate, depending on type of service provided. DSAAPD will reimburse the service provider at the negotiated rate based upon receipt of an invoice submitted within ten (10) days after the end of each month. Please reference service specifications for definition of service unit. Each monthly itemized invoice submitted for reimbursement must contain the following information in order to qualify for reimbursement:

- Participant name
- Number of hours/days
- Hourly/Daily Rate
- Total Dollars
- Subtract out cost-share payment collected during the billing period
- Total amount requested to be reimbursed
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### **XIV. REPORTING REQUIREMENTS**

Quarterly programmatic and financial reports are required and must be received at DSAAPD no later than twenty-one (21) days following the end of the quarter. A final financial report is due in the Division within ninety (90) days after the program end date. Additional information can be found on these reports in the DSAAPD Policies and Procedures Manual.

**SERVICE SPECIFICATION**

4/6/06 #V1 (2)

Page 8

**PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES****TITLE III E RESPITE CARE**

PLANNED SERVICE UNITS	1 <sup>ST</sup> QTR	2 <sup>ND</sup> QTR	3 <sup>RD</sup> QTR	4 <sup>TH</sup> QTR	TOTAL
1. Number of hours of <b>in-home</b> respite care service					
2. Number of hours of <b>institutional</b> respite care service					
3. Number of days of <b>Adult Day Services</b> respite care.					
4. Number of client assessments (including those not admitted)					
5. Number of care plans developed for clients					
6. Number of caregiver assessments					
7. Number of caregiver re-assessments					
8. Number of referrals to other services					
9. Information and Assistance					